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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Entity Name: Helping Individuals Succeed LLC

Date(s) of Onsite Review: December 11<sup>th</sup> & December 15<sup>th</sup> 2017

Date of Report: January 12, 2018

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team:

Annette Murray, DBHIDS Program Analyst

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### **Introduction**

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for **Helping Individuals Succeed, LLC**. This report will include the official findings of the desk review and on-site review processes conducted earlier this year by your assigned administrative entity, Philadelphia Intellectual disAbility Services.

The ODP QA&I Process for providers, which replaced the ODP Provider Monitoring process on July 1, 2017, is one piece of a comprehensive quality management review designed to evaluate the supports and services offered by county Administrative Entities, Supports Coordination Organizations, and Provider agencies across the Commonwealth of Pennsylvania. The purpose of the revised process, as stated by ODP, is to eliminate unnecessary duplication across Commonwealth and county review procedures, to allow more time to focus on individual experiences and quality improvement, to improve methods of collecting and reporting useful data in a timely manner, and to foster collaborative partnerships and opportunities for technical assistance and shared learning.

Upon completion and approval of this comprehensive report, the results are shared with ODP in order to assist with the evaluation of the current system of supports, and to identify ways to improve the system for all individuals and key stakeholders. Additionally, QA&I assists with data collection that measures Consolidated and Person/Family Directed Support waiver performance measures, compliance with Title 55 PA Code Chapter 51 regulations, and compliance with the Medicaid Waiver Provider Agreement.

ODP's focus areas for this year's statewide QA&I review are consistent with the desired outcomes of the 2017 waiver renewals and the ODP quality management strategy. These focus areas include but are not limited to the following:

- Families with infants and toddlers and people with Autism get the support they need
- People will be connected with their community and increase community participation
- People will live with people they like and who care about them
- People will be physically and mentally healthy
- Assuring effective communication
- Increasing employment
- Ensuring individuals are free from abuse, neglect, and exploitation
- Ensuring that people with complex needs have the support they need

### **Quality Assessment & Improvement Summary**

The steps of the ODP QA&I process are inclusive of the following procedures:

#### **Self-Assessment:**

All providers complete the self-assessment on an annual basis. Providers are expected to remediate issues that are discovered during their self-assessment within 30 days, and to engage in quality improvement activities based on the results of self-assessment. **Helping Individuals Succeed, LLC** successfully completed their self-assessment on time, before the deadline prescribed by ODP. There were only 2 new hire staff by 8-31-17, who received orientation training which met ODP guidelines. They also are family members of the individuals selected in the sample. As a new provider, they seem very knowledgeable and sensitive to the needs of individuals with disabilities as well as the needs of their families/caretakers. This reviewer compared the provider's self assessment to findings onsite and agreed with the provider's answers to each of the questions.

Some questions were not applicable to the provider, since they do not provide Supportive Employment Service, Homemaker/chore services, Respite services or Residential habilitation services at this time. The provider's 3- person home is vacant this time.

#### **Desk Review of Providers:**

The assigned Administrative Entity will conduct a desk review of providers that are assigned for on-site review prior to the date of on-site. This desk review includes an analysis of the provider agency's Quality Management Plan, the Annual Training Plan, and the Restrictive Intervention Policy, which are submitted to the AE by the provider upon completion of the self-assessment. The desk review also consists of a review of data collected from Home & Community Services Information System (HCSIS), the Enterprise Incident Management system (EIM), and the Individual Support Plans (ISPs) of the individuals selected by the assigned AE for the onsite review sample. The Desk review of the provider's Annual Training Plan does meet ODP Guidelines. Additionally, the reviewer suggested on-line training from Philadelphia Coordinated Health Care (PCHC) which may be helpful trainings on varies topics like Challenging Behaviors, Understanding Aggression, Dysphagia, and many others. This is not an ODP requirement but it can be helpful training in certain cases.

Regarding the provider's Quality Management Plan, it does reflect ODP's mission, vision and values. However, since the provider has not been a provider for 2 years and their census is low, they

have not been able to evaluate significant amount of data to analyze at this time. The desk review on Restrictive Intervention Policy was very comprehensive, and additional staff training is provided by another provider agency to address restrictive interventions. This exemplifies the emphasis this provider places on their staff understanding positive approaches and a person-centered approach to determine the least intrusive method of de-escalation.

#### **AE Onsite Review of Providers:**

Philadelphia IdS conducted the onsite review of **Helping Individuals Succeed, LLC** on December 11<sup>th</sup> & December 15<sup>th</sup>, 2017. The process began with an Entrance meeting, held on the first day of the scheduled onsite review. A copy of the Entrance meeting signature sheet documenting all attendees is included in the appendices of this report. Discussion during the entrance meeting included introductions, a general overview of the QA&I process, including the mission, vision and quality improvement priorities of ODP, IdS, and the reviewed provider, and a discussion of the specific details of the onsite process.

The provider seemed very organized, and very prepared to bring all supporting documentation for the QA&I review in to the IDS office on December 11<sup>th</sup> because the provider does not have an office location. As requested, the provider did set up home interviews for this reviewer on December 15<sup>th</sup>.

A total of 2 individuals were selected as a part of this provider's sample, and of those sample individuals, 2 interviews were conducted during the onsite review.

One of individuals (MCI# 8500003168) with a P/FDS waiver is receiving In-Home & Community Supports twice per week to improve daily living skills and personal hygiene. The staff, who is a family member, seemed to know all the person's likes and dislikes, and has a good relationship with the individual. The individual has a dual diagnosis, with some challenging behaviors. The team, including caretakers, should further discuss how to respond to challenging behaviors, and the reasons why the individual is not regularly attending the day program identified in the ISP. Supervision and guidance in participating in community activities is often needed, and described in the progress notes. The individual was able to answer most of the interview questions which included how they complete household chores, and that they like to go to the YMCA for recreational activities.

The other individual (MCI# 550111145) with a P/FDS waiver is receiving Companion Services 20 hours per week, but in the ISP section: *Outcome Action Plan* it indicates 25 hours per week is needed. This reviewer met with the individual, assigned staff and primary caretaker/grandmother. The assigned staff is a family member who has a good relationship with the individual who can provide supervision and guidance for safety reasons so the individual can participate in community & recreational activities, and travel to/from the home. The individual could answer all of the interview questions quite well, giving detailed explanations to many of the questions. The individual could benefit from resuming

physical therapy, to improve walking which they seem motivated to do. Exploration reveals this person was not referred to OVR and could benefit from an assessment & job placement. Apparently, this person had a successful high school job placement but somehow was never referred to OVR. Contrary to what was written in the ISP, the primary caretaker did not reveal that she was exploring a community living arrangement for her adult grandchild, because of her failing health. In the interview, she indicated that she wants her adult grandchild to continue living at home. Based on the above discrepancies in the ISP, the provider should discuss them further with the team to revise the ISP accordingly.

On the final day of the onsite review, an Exit meeting took place. A copy of the Exit signature sheet documenting all attendees is included in the appendices of this report. Topics of discussion during the Exit meeting included introductions, an overview of the process from the perspective of the reviewer and the reviewed provider, an overview of the findings documented during the review, and an overview of the comprehensive report and the corrective action process.

Present at the Exit Interview was Jennifer Shields, CEO, who was very cooperative with the QA & I Process and the On-Site Review. However, it was recommended that the provider have an office location that training and other business of the agency can take place. Currently, the CEO conducts training and business in her home or the participant's home.

### **Data Analysis and Performance Evaluation**

A promising practice is that this provider is very open to utilizing family members to provide ODP services as long as they meet ODP requirements. The provider also seems very committed to connecting individuals with their community and increasing community participation. The reviewer did discuss with Ms. Shields that it would be beneficial for the individuals to have a non-relative staff in some cases. Utilizing non-related staff can lessen the strain on the family member(s) who agree to be the assigned staff, particularly if the family member/staff lives in the same household. For the individual, it can also help he/she learn how to interact with others who are giving guidance/support to them.

### **Items requiring remediation with 30 days:**

Regarding daily service notes and monthly progress notes, the provider's letterhead "Helping Individuals Succeed, LLC should be on the top of each of the notes. In addition, the term " Home &Community Habilitation" should be changed to " In-Home & Community Supports".

Q.11- The provider's Grievance Policy is well written. However, documentation of grievances was not written or charted. Even if grievances are reported verbally and/or resolved quickly, they must be documented and charted.

Q.22-Regarding the amount, frequency and duration specified in the ISP, there is a discrepancy in one individual's ISP(MCI#5501111453) for the amount of hours companion service should be provided. Based on this reviewer's interview, a team meeting is also recommended to further discuss an OVR referral, CIE referral, physical therapy needs, and clarity about the individual remaining at home with relatives. After the team meeting, the provider should request all these revisions be made in the ISP.

**\*\*\* Area identified in the CAP require a plan to prevent recurrence of non-compliance.**

No plan to prevent recurrence is required at this time.

**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet